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SEIU GRIEVANCE FORM

<u>Instructionss</u> This form is to be used by an individual SEU employee, a group of SEU employees, and the Union to file a formal grievance for an alleged violation of a specific provision in the Agreement with SEU. Please attach additional sheets to the form if needed.

Grievant's Name: All Affected Anesthesia Tec	hs	
Home Address: n/a		
Home Phone:	Work Phone:	Ext.
Employer (County, School District, City, etc):_		
Department: Anesthesia	Job Classification: Anesth	esia Techs
Dept. Mgr.: Alice Beltran	Immediate Supervisor: All	ce Beltran

STATEMENT OF GRIEVANCE: Please describe what was the action you believe to be improper and describe specifically, what took place, how it happened, who was involved (please attach additional written documentation if needed):

- 1. PLEASE DESCRIBE THE SPECIFIC ARTICLE(S) & SECTION (S) OF THE AGREEMENT WITH SEIU THAT HAS BEEN VIOLATED: Article 9 and the contract as a whole
- 2. WHO IS THE GRIEVANCE BROUGHT AGAINST? The Employer
- 3. WHEN DID THE INCIDENT OCCUR? (date and, if appropriate, time or if ongoing): Ongoing
- 4. PLEASE DESCRIBE WHAT WAS THE CONSEQUENCE OR ADVERSE EFFECT ON YOU AS A RESULT OF THE IMPROPER ACTION: Employer not paying 5% Relief in Higher Classification Differential to Anesthesia Techs carrying the Spectra-Link Phone.
- 5. PLEASE DESCRIBE INFORMAL ATTEMPTS MADE BY YOU TO RESOLVE THIS GRIEVANIE AS COVERED BY STEP 1. (Informal Review) OF THE GRIEVANCE AND ARBITRATION PROCEDURE Informal grievance meeting held on Monday April 17th
- 6. THE REMEDY OR ACTION THAT YOU ARE REQUESTING TO RESOLVE THE GRIEVANCE: Make whole, including but not limited to: Reinstating the RHC pay for carrying the Specia Link Phone.
- 7. ADDITIONAL COMMENTS:

GRIEVANT: All Affected Anesthesia Techs	
STEWARD: Paul Granados	DATE 4/25/06
WORKSITE ORGANIZER: <u>Éla Hereth</u>	DATE 4/25/06
EMPLOYER SIGNATURE	DATE

Please send this completed form and any supporting documentation to Employee/Labor Relations (Room HG005), 300 Pasteur Drive, Stanford, CA 94305.